

Permittee: _____

Permit Number: _____

Analyte Check List DMR-QA Study 24

NPDES Testing Requirement	Test Sample Ordered	Test Substance	Test Completed
9	9	Aluminum	9
9	9	Arsenic	9
9	9	Cadmium	9
9	9	Chromium	9
9	9	Cobalt	9
9	9	Copper	9
9	9	Iron	9
9	9	Lead	9
9	9	Manganese	9
9	9	Mercury	9
9	9	Nickel	9
9	9	Selenium	9
9	9	Vanadium	9
9	9	Zinc	9
9	9	Ammonia	9
9	9	Nitrate	9
9	9	Orthophosphate	9
9	9	Total Kjeldahl nitrogen	9
9	9	Total Phosphorus	9
9	9	COD	9
9	9	TOC	9
9	9	5-day BOD	9
9	9	5-day carbonaceous BOD	9
9	9	pH	9
9	9	Total cyanide	9
9	9	Non-filterable residues (TSS)	9
9	9	Oil and grease	9
9	9	Total Phenol (by the 4AAP method)	9
9	9	Total residual chlorine	9

Signed: _____ Date: _____

Contract Laboratory: This check list is to be used according to the instructions provided by the permittee.

Permittee: Return this check list with the final package sent to your regulatory authority.